

Case Number:	CM14-0151031		
Date Assigned:	09/19/2014	Date of Injury:	08/19/1998
Decision Date:	10/23/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 74-year-old male who reported an injury on 08/19/1998 due to lifting seats from the dock to an airplane. The injured worker has diagnoses of lumbar radiculopathy and myofascial pain syndrome. The past medical treatment included medications, lumbar epidural steroid injections, physical therapy, and surgery. Diagnostic testing included an MRIs of the lumbar spine which were performed on 03/29/2007, 06/17/2009, 07/15/2009, and 12/21/2011, and EMG/NCS of the lower extremities on 07/27/2009. The injured worker underwent lumbar spine surgery in 2001 and in 2007. The injured worker complained of having pain to the lumbar spine with some numbness of the lower back with controlled spasms on 09/04/2014. The physical examination revealed pain to the lumbar spine, with positive range of motion of the back at 10% in all planes. The injured worker had spasms of the lumbar spine paraspinal muscles. Medications included Naprosyn 550 mg, Flexeril 7.5 mg, and Neurontin 600 mg. The treatment plan was for physical therapy 2 x4 visits for the lumbar spine and Mentherm #2. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 x 4 visits for the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Page(s): 98-99.

Decision rationale: The request for Physical therapy 2 x 4 visits for the lumbar spine is not medically necessary. The injured worker complained of having pain to the lumbar spine with some numbness of the lower back with controlled spasms on 09/04/2014. The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. There is a lack of documentation indicating the total number of sessions of physical therapy the injured worker has completed. There is lack of documentation of significant functional deficits. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. Therefore the request for physical therapy 2 x 4 visits for the lumbar spine is not medically necessary.

Menthoderm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Salicylate topicals Page(s): 111-113 105.

Decision rationale: The request for Menthoderm #2 is not medically necessary. The injured worker complained of having pain to the lumbar spine with some numbness of the lower back with controlled spasms on 09/04/2014. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. There is a lack of documentation indicating the injured worker has failed trials of antidepressants and anticonvulsants. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request for Menthoderm #2 is not medically necessary.